

**STATE OF NEW JERSEY
DEPARTMENT OF BANKING and INSURANCE
OFFICE OF ADMINISTRATION AND FINANCE
LICENSING SERVICES BUREAU
PO Box 473
Trenton, NJ 08625**

**MONEY TRANSMITTER/FOREIGN MONEY
TRANSMITTER
DELEGATE/LOCATION REGISTRATION APPLICATION**

TYPE OR PRINT CLEARLY

1. Business Name of Delegate: _____

2. Business Address of Delegate: _____
(Include: street, city, county, state & zip code)

2A. Business Address of Location if this is a location/branch office **owned and operated** directly by the Money Transmitter/Foreign Money Transmitter licensee:

(Include: street, city, county, state & zip code)

3. Name of Office Manager/Person in charge at business/location address: _____

4. Federal Tax Identification Number: _____

5. Business telephone number: _____

6. Store Code/Internal ID number (if available): _____

7. Name of Affiliated Money Transmitter/Foreign Money Transmitter: _____

(Signature of Employing Money Transmitter/
Foreign Money Transmitter Licensee)
Date: _____

EFFECTIVE 7/1/2006 there is no longer a
fee for the registration of a delegate/location
for a licensed Money Transmitter or Foreign Money
Transmitter